

Article 2 – Confidentiality and Privacy

2.2.1 General Use and Disclosure of Protected Health Information

(a) Policy

Protected Health Information (PHI) maintained by California Correctional Health Care Services (CCHCS) is private and confidential. CCHCS workforce members may not use or disclose PHI, except as permitted or required by this chapter or as otherwise permitted or required by law.

(b) Purpose

To ensure CCHCS compliance with federal and state privacy requirements for state entities that maintain PHI.

(c) Responsibility

Oversight responsibility of the Privacy Office shall be vested in the Privacy Officer. The Privacy Officer is required to oversee privacy rights as required by laws, policies, and standards for respecting the rights of individuals with regard to the collection, use, and disclosure of personal information throughout CCHCS.

(d) Use and Disclosure of PHI

(1) Use and Disclosure of PHI for Treatment, Payment or Health Care Operations (TPO) Purposes

(A) CCHCS workforce members may use or disclose PHI without patient authorization as follows:

1. For CCHCS' own TPO.
2. For treatment activities of another health care provider.
3. To another covered entity or health care provider for its payment activities.
4. To another covered entity for its health care operations activities, if CCHCS and the other covered entity has or had a relationship with the patient who is the subject of the PHI being requested, and the disclosure is for the following purposes:
 - a. Conducting quality assessment and improvement activities including development of clinical guidelines.
 - b. Population-based activities related to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives, and related functions that do not include treatment.
 - c. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students and trainees in areas of health care learn under supervision to practice or improve their skills, accreditation, certification, licensing, or credentialing activities.
 - d. Health care fraud and abuse detection or compliance.

(B) CCHCS and its workforce must limit PHI use and disclosure to the Minimum Necessary amount of information required to complete the desired task pursuant to the Health Care Department Operations Manual (HCDOM), Section 2.2.4, Minimum Necessary Use and Disclosure of Protected Health Information.

(2) Use and Disclosure of PHI for Non-TPO Purposes

CCHCS may not use and disclose PHI for non-TPO purposes, unless the disclosure is pursuant to a valid authorization for disclosure of PHI from the patient or the personal representative of the patient, or unless the disclosure meets an exception in one of the following:

- (A) HCDOM, Section 2.2.2, Use and Disclosure of Protected Health Information Based on Patient Authorization
- (B) HCDOM, Section 2.2.6, Use and Disclosure of Protected Health Information Special Exceptions
- (C) HCDOM, Section 2.2.8, De-Identification of Patient Information and Use of Limited Data Sets
- (D) HCDOM, Section 2.2.9, Business Associate Use and Disclosure of Protected Health Information

(3) Media Inquiries

Institutions shall forward all media inquiries regarding the release of patient PHI to the CCHCS Office of Communications. CCHCS shall provide responses for PHI inquiries from external entities (e.g., legislative, advocacy groups) pursuant to the HCDOM, Section 2.3.15, Headquarters Patient Health Care Inquiry Response.

(4) Psychotherapy Notes and HIV Test Results

The use and disclosure of psychotherapy notes and HIV test results are subject to further limitations pursuant to the HCDOM, Section 2.2.2, Use and Disclosure of Protected Health Information Based on Patient Authorization.

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(5) Health Records Procedures

Disclosure of all or part of a patient's health record shall be performed pursuant to the HCDOM, Chapter 2, Article 3, Health Information Management.

(e) Training Requirements and Contact Information

- (1) Privacy training is required for new employees during New Employee Orientation and annually thereafter.
- (2) For questions or clarification, please contact: Privacy@cdcr.ca.gov or 1-877-974-4722.

References

- California Code of Regulations, Title 22 Code of Federal Regulations, Title 45, Subtitle A, Subchapter C, Part 160, Subpart A, Section 160.103 – Definitions
- Code of Federal Regulations, Title 45, Subtitle A, Subchapter C, Part 160, Subpart A, Section 160.103 - Definitions
- Code of Federal Regulations, Title 45, Subtitle A, Subchapter C, Part 164, Subpart E, Section 164.501 - Definitions, Section 164.502 - Uses and disclosures of protected health information: General rules, and Section 164.506 - Uses and Disclosures to carry out treatment, payment, or health care operations
- Health Care Department Operations Manual, Chapter 2, Article 2, Section 2.2.2, Use and Disclosure of Protected Health Information Based on Patient Authorization
- Health Care Department Operations Manual, Chapter 2, Article 2, Section 2.2.3, Enforcements, Sanctions, and Penalties for Violations of Individual Privacy
- Health Care Department Operations Manual, Chapter 2, Article 2, Section 2.2.4, Minimum Necessary Use and Disclosure of Protected Health Information
- Health Care Department Operations Manual, Chapter 2, Article 2, Section 2.2.6, Use and Disclosure of Protected Health Information Special Exceptions
- Health Care Department Operations Manual, Chapter 2, Article 2, Section 2.2.8, De-Identification of Patient Information and Use of Limited Data Sets
- Health Care Department Operations Manual, Chapter 2, Article 2, Section 2.2.9, Business Associate Use and Disclosure of Protected Health Information
- Health Care Department Operations Manual, Chapter 2, Article 3, Section 2.3.15, Headquarters Patient Health Care Inquiry Response

Revision History

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